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SUBJECT: HCMC CONTINUES TO DELAY LEGALIZING CATHOLIC ARCHDIOCESE
HIV/AIDS ACTIVITIES

REF: 06 HCMC 972 AND PREVIOUS

¶1. (SBU) On June 16, Pol and CDC met with a representative of Father John Dinh Toai, Director of the HCMC Archdiocese "Pastoral Care" program for people living with HIV/AIDS. He said that the biggest obstacle facing the church continues to be the unwillingness of local authorities to grant legal status to some site-specific activities. For example, since July 2005, Pastoral Care has sponsored the Mai Tam Drop-In Center, which houses HIV-positive mothers and orphaned children. Mai Tam does not have a license, yet has received tacit approval from the city government and Provincial AIDS Committee to operate. It currently cares for 19 HIV-positive mothers and 32 orphans and HIV-positive children. Mai Tam first applied for a license in September 2005 and its application was "finalized" in December 2005. However, the Department of Labor, Invalids and Social Affairs (DOLISA) has delayed approving the application, reportedly over an internal disagreement of whether the approval should come from the district in which the center operates or from the city (provincial) government. Father Toai said that the lack of a license for Mai Tam also has prevented Pastoral Care from opening additional community-based care centers.

¶2. (SBU) Without a license, Mai Tam's residents are unable to obtain official documents, including birth certificates for orphans, which limits access to public services. For example, most of the children from Mai Tam cannot attend school and seven orphans that do not have HIV cannot be offered for adoption without birth certificates and other documents. On occasion, Mai Tam staff are questioned by local police, but the local authorities have ceased to threaten to close the facility. Father Toai also said that the Church has been waiting almost one year for permission to build a comprehensive HIV/AIDS hospice, treatment and training center on a 20-acre site it purchased in HCMC's Can Gio District. The Church's plans call for a 40 bed hospice and 140-160 beds for patients receiving comprehensive treatment and training. The Church would like to link the center with a small factory or enterprise on-site to provide job skills and employment opportunities for the patients. Other legal status delays include a hospice proposal in Tan Phu District that currently operates from two houses. While the police had threatened closure of the hospices, there is now a truce since the HCMC Department of Health is considering certifying this operation -- the application has been pending for almost a year.

¶3. (SBU) Another site that is in jeopardy due to GVN delays of systematizing procedures and operations is the DOLISA-run Nhan Ai Hospital in Binh Phuoc Province. (Note: Nhan Ai Hospital was formerly Trong Diem "06" (drug rehabilitation) center. In September 2006 DOLISA converted this center into a hospital/hospice concept for 05/06 Center residents with end-stage HIV/AIDS. End Note.) However, due to issues ranging from funding to meeting government approval for body

disposal, Nhan Ai barely serves any patients - only seven are reported to be in a facility that can support over 100. The Church currently provides 12 of Nhan Ai's 99 staff. These staff members began teaching children in neighboring villages how to read and write but were stopped by police reportedly because of concerns they would proselytize. The Church would like to discontinue Nhan Ai support to redirect to higher need HIV/AIDS activities. However, the Archdiocese fears government retaliation in its other existing activities. As a result, it is keeping the twelve staff in place.

¶4. (SBU) Comment: In many meetings to date, HCMC provincial authorities, including a Vice-Chairman of the People's Committee, have told us that they appreciate and support the efforts of the Catholic Archdiocese to assist them in combating HIV/AIDS. Up to a point, the authorities have been cooperative, allowing the church to undertake many HIV/AIDS initiatives as well as curbing sometimes hostile district police and local officials. However, HCMC officials continue to drag their feet on formally legalizing the Church's operations in HCMC. However, with HCMC still lacking a comprehensive plan and approach for community-based care, the problem of managing people living with HIV/AIDS will continue to grow as more residents of drug rehabilitation centers, roughly half of whom are HIV-positive, are released into their communities. In addition, without formal legal status, the well recognized and effective efforts by the Catholics will suffer from lack of public funding and coordination that leads to sustainability as well as enhance HIV/AIDS prevention, care, and treatment. End Comment.

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